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B6 Summary (Official Form 6 - Summary) (12/07)

## **United States Bankruptcy Court Eastern District of Virginia**

| In re | Gary Alvin Coghill, |         | Case No | 13-32527 |
|-------|---------------------|---------|---------|----------|
|       | Sandy Jones Coghill |         |         |          |
| -     |                     | Debtors | Chapter | 13       |
|       |                     |         | 1 -     |          |

#### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 295,800.00        |             |          |
| B - Personal Property   | Yes                  | 4                | 50,456.26         |             |          |
| C - Property Claimed as Exempt  | Yes                  | 2                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 1                |                   | 374,309.56  |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 2                |                   | 1,301.18    |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 4                |                   | 5,632.80    |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual Debtor(s)                                      | Yes                  | 2                |                   |             | 5,106.84 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 1                |                   |             | 4,352.37 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 19               |                   |             |          |
|   | To                   | otal Assets      | 346,256.26        |             |          |
|   |                      |                  | Total Liabilities | 381,243.54  |          |

Form 6 - Statistical Summary (12/07)

#### United States Bankruptcy Court Eastern District of Virginia

| In re | Gary Alvin Coghill, |         | Case No | 13-32527 |
|-------|---------------------|---------|---------|----------|
|       | Sandy Jones Coghill |         |         |          |
| _     |                     | Debtors | Chapter | 13       |
|       |                     |         | -       |          |

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount   |
|---|----------|
| Domestic Support Obligations (from Schedule E)  | 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 1,301.18 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00     |
| Student Loan Obligations (from Schedule F)  | 0.00     |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00     |
| TOTAL   | 1,301.18 |

#### State the following:

| Average Income (from Schedule I, Line 16)  | 5,106.84 |
|--|----------|
| Average Expenses (from Schedule J, Line 18)  | 4,352.37 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 6,527.32 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |          | 0.00     |
|--|----------|----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 1,301.18 |          |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |          | 0.00     |
| 4. Total from Schedule F   |          | 5,632.80 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |          | 5,632.80 |

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B6A (Official Form 6A) (12/07)

| In re | Gary Alvin Coghill, | Case No | 13-32527 |
|-------|---------------------|---------|----------|
|       | Sandy Jones Coghill |         |          |

Debtors

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| 25003 Tidewater Trail                |  | J   | 295,800.00   | 365,133.55                 |
|--------------------------------------|--|---|--|----------------------------|
| Description and Location of Property | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |

Port Royal, VA 22535 Tax Map 12-A-16 1.75 acres Hazelwood

> Sub-Total > 295,800.00 (Total of this page)

295,800.00

Total >

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B6B (Official Form 6B) (12/07)

| In re | Gary Alvin Coghill, | Case No | 13-32527 |
|-------|---------------------|---------|----------|
|       | Sandy Jones Coghill |         |          |

Debtors

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | Type of Property  | N O Description and Location of Property E   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|----|---|--|---|---|
| 1. | Cash on hand  | Х  |   |   |
| 2. | Checking, savings or other financial  | Union First Market Bank - checking   | J   | 0.00  |
|    | accounts, certificates of deposit, or<br>shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives. | Union First Market Bank - savings (joint with minor son. Debtor has no interest in funds)                      | W   | 0.00  |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.  | X  |   |   |
| 4. | Household goods and furnishings, including audio, video, and computer equipment.  | Living Room - couch, chair, lamp, TV, DVD player, piano  | J   | 910.00  |
|    | computer equipment.   | Dining Room - table, 6 chairs, china closet, crystalware   | J   | 400.00  |
|    |   | Bedrooms - 2 beds, 2 dressers, 2 chest of drawers, 2 lamps, radio, 2 TVs                                       | J   | 580.00  |
|    |   | Kitchen - table, 2 chairs, microwave, refrigerator, dishwasher, washing machine, dryer, stove, dishes cookware | J   | 1,875.00  |
|    |   | Other - stereo, desk, 3 chairs, vacuum cleaner, iron lawn mower, tv, misc tools                                | , J   | 1,345.00  |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | Books, pictures, art objects, antiques, records, tapes, CD's and DVD's   | J   | 2,000.00  |
| 6. | Wearing apparel.  | clothing and costume jewelry   | J   | 400.00  |
| 7. | Furs and jewelry.   | x  |   |   |
|    |   |  |   |   |
|    |   |  |   |   |

Sub-Total > **7,510.00** (Total of this page)

<sup>3</sup> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

In re Gary Alvin Coghill, Sandy Jones Coghill

| Case No.  | 13-32527 |
|-----------|----------|
| Case 110. | 13-32321 |

#### Debtors

#### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|                          | Type of Property  | N<br>O<br>N<br>E                                    | Description and Location of Property             | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|--------------------------|---|---|--|---|--|
| 8.                       | Firearms and sports, photographic, and other hobby equipment.   |   | Camera   | J   | 10.00  |
|                          | and other hoody equipment.  |   | Guns   | J   | 2,000.00   |
| €.                       | Interests in insurance policies. Name insurance company of each   |   | Woodmen of The World Life Insurance Society (612 | ) W   | 3,279.95   |
|                          | policy and itemize surrender or refund value of each.   |   | Woodmen of The World Life Insurance Society(613) |   | 3,241.16   |
| 0.                       | Annuities. Itemize and name each issuer.  | X   |  |   |  |
| 11.                      | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X   |  |   |  |
| 12.                      | Interests in IRA, ERISA, Keogh, or other pension or profit sharing  |   | Dominion Hourly Savings Plan - Retirement        | Н   | 10,709.00  |
| plans. Give particulars. |   | VRS- 457 Defered Compensation Plan through employer | W  | 10,529.27                                   |  |
|                          |   |   | VRS- 401(a) Cash Match Plan through employer     | w   | 6,401.88   |
| 13.                      | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X   |  |   |  |
| 14.                      | Interests in partnerships or joint ventures. Itemize.   | X   |  |   |  |
| 15.                      | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X   |  |   |  |
| 16.                      | Accounts receivable.  | X   |  |   |  |
| 17.                      | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X   |  |   |  |
| 18.                      | Other liquidated debts owed to debtor including tax refunds. Give particulars.  |   | Federal Income Tax Refund                        | J   | 0.00   |
|                          | including tax retunds. Give particulars.  |   | State Income Tax Refund                          | J   | 0.00   |
|                          |   |   | 2012 Federal Tax Refund                          | J   | 700.00   |
|                          |   |   | (Total   | Sub-Tota of this page)                      | al > <b>36,871.26</b>  |

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | Gary Alvin Coghill, |
|-------|---------------------|
|       | Sandy Jones Coghill |

| Case No. | 13-32527 |
|----------|----------|
|          |          |

#### Debtors

#### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O Description and Loca<br>E | tion of Property  Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|----------------------------------|--|---|
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | Х                                |  |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | х                                |  |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                                |  |   |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | х                                |  |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                                |  |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                                |  |   |
| 25. | Automobiles, trucks, trailers, and  | 1990 Toyota 4Runner SR5          | Н  | 2,675.00  |
|     | other vehicles and accessories.   | 1988 Ford F150                   | J  | 2,600.00  |
|     |   | 2001 Load Rite Trailer           | н  | 100.00  |
| 26. | Boats, motors, and accessories.   | 2001 Tracker Boat                | н  | 500.00  |
|     |   | Canoe                            | J  | 200.00  |
| 27. | Aircraft and accessories.   | x                                |  |   |
| 28. | Office equipment, furnishings, and supplies.  | X                                |  |   |
|     |   |                                  | Sub-To<br>(Total of this page                        |   |

Sheet <u>2</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | Gary Alvin Coghill, | Case No | 13-32527 |
|-------|---------------------|---------|----------|
|       | Sandy Jones Coghill |         |          |

Debtors

#### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property   | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|--|------------------|--------------------------------------|---|---|
| 29. | Machinery, fixtures, equipment, and supplies used in business.   | X                |                                      |   |   |
| 30. | Inventory.   | X                |                                      |   |   |
| 31. | Animals.   | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.                  | X                |                                      |   |   |
| 33. | Farming equipment and implements.                                | X                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.                              | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize. | X                |                                      |   |   |

Sub-Total > 0.00 (Total of this page)

Total >

50,456.26

B6C (Official Form 6C) (4/13)

In re Gary Alvin Coghill, Sandy Jones Coghill

| Case No. | 13-32527 |
|----------|----------|
|          |          |

Debtors

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property  | Specify Law Providing<br>Each Exemption             | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|---|----------------------------------|---|
| Real Property 25003 Tidewater Trail Port Royal, VA 22535 Tax Map 12-A-16 1.75 acres Hazelwood                                    | Va. Code Ann. § 34-4                                | 1.00                             | 295,800.00  |
| Checking, Savings, or Other Financial Accounts, C<br>Union First Market Bank - checking  | ertificates of Deposit Va. Code Ann. § 34-4         | 1.00                             | 0.00  |
| Union First Market Bank - savings (joint with minor son. Debtor has no interest in funds)  | Va. Code Ann. § 34-4                                | 1.00                             | 0.00  |
| Household Goods and Furnishings<br>Living Room - couch, chair, lamp, TV, DVD<br>player, piano                                    | Va. Code Ann. § 34-26(4a)                           | 910.00                           | 910.00  |
| Dining Room - table, 6 chairs, china closet, crystalware   | Va. Code Ann. § 34-26(4a)                           | 400.00                           | 400.00  |
| Bedrooms - 2 beds, 2 dressers, 2 chest of drawers, 2 lamps, radio, 2 TVs   | Va. Code Ann. § 34-26(4a)                           | 580.00                           | 580.00  |
| Kitchen - table, 2 chairs, microwave, refrigerator, dishwasher, washing machine, dryer, stove, dishes, cookware                  | Va. Code Ann. § 34-26(4a)                           | 1,875.00                         | 1,875.00  |
| Other - stereo, desk, 3 chairs, vacuum cleaner, iron, lawn mower, tv, misc tools   | Va. Code Ann. § 34-26(4a)                           | 1,345.00                         | 1,345.00  |
| Books, Pictures and Other Art Objects; Collectibles<br>Books, pictures, art objects, antiques, records,<br>tapes, CD's and DVD's | <u>s</u><br>Va. Code Ann. § 34-26(4a)               | 2,000.00                         | 2,000.00  |
| Wearing Apparel clothing and costume jewelry   | Va. Code Ann. § 34-26(4)                            | 400.00                           | 400.00  |
| Firearms and Sports, Photographic and Other Hob Camera   | <u>by Equipment</u><br>Va. Code Ann. § 34-26(4a)    | 10.00                            | 10.00   |
| Guns   | Va. Code Ann. § 34-26(4b)                           | 6,000.00                         | 2,000.00  |
| Interests in Insurance Policies Woodmen of The World Life Insurance Society (612)  | Va. Code Ann. § 34-4                                | 3,279.95                         | 3,279.95  |
| Woodmen of The World Life Insurance<br>Society(613)  | Va. Code Ann. § 34-4                                | 3,241.16                         | 3,241.16  |
| Interests in IRA, ERISA, Keogh, or Other Pension of Dominion Hourly Savings Plan - Retirement                                    | or Profit Sharing Plans<br>11 U.S.C. § 522(b)(3)(C) | 10,709.00                        | 10,709.00   |

<sup>1</sup> continuation sheets attached to Schedule of Property Claimed as Exempt

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B6C (Official Form 6C) (4/13) -- Cont.

| In re | Gary Alvin Coghill, |  |  |
|-------|---------------------|--|--|
|       | Sandy Jones Coghill |  |  |

| Case No. | 13-32527 |
|----------|----------|
|          |          |

Debtors

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

| Description of Property  | Specify Law Providing<br>Each Exemption          | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|--|----------------------------------|---|
| VRS- 457 Defered Compensation Plan through employer                          | 11 U.S.C. § 522(b)(3)(C)                         | 10,529.27                        | 10,529.27   |
| VRS- 401(a) Cash Match Plan through employer                                 | 11 U.S.C. § 522(b)(3)(C)                         | 6,401.88                         | 6,401.88  |
| Other Liquidated Debts Owing Debtor Including T<br>Federal Income Tax Refund | <u>ax Refund</u><br>Va. Code Ann. § 34-4         | 1.00                             | 0.00  |
| State Income Tax Refund  | Va. Code Ann. § 34-4                             | 1.00                             | 0.00  |
| 2012 Federal Tax Refund  | Va. Code Ann. § 34-4                             | 700.00                           | 700.00  |
| Automobiles, Trucks, Trailers, and Other Vehicles<br>1990 Toyota 4Runner SR5 | Va. Code Ann. § 34-4<br>Va. Code Ann. § 34-26(8) | 1.00<br>6,000.00                 | 2,675.00  |
| 1988 Ford F150   | Va. Code Ann. § 34-4                             | 1.00                             | 2,600.00  |
| 2001 Load Rite Trailer   | Va. Code Ann. § 34-4                             | 100.00                           | 100.00  |
| Boats, Motors and Accessories<br>2001 Tracker Boat                           | Va. Code Ann. § 34-4                             | 500.00                           | 500.00  |
| Canoe  | Va. Code Ann. § 34-4                             | 200.00                           | 200.00  |

Total: 55,188.26 346,256.26

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B6D (Official Form 6D) (12/07)

| In re | Gary Alvin Coghill, |
|-------|---------------------|
|       | Sandy Jones Coghill |

| Case No. | 13-32527 |  |
|----------|----------|--|
|          |          |  |

Debtors

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| (See instructions above.)                                      | CODEBTOR   | Hu H W J C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | CONTINGEN | UNLIQUIDATED | U<br>T<br>E | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|--|------------|--|-----------|--------------|-------------|--|---------------------------------|
| Account No. 0015382179   |  |            | 09/06  | T         | E            |             |  |                                 |
| Beneficial<br>PO Box 5233<br>Carol Stream, IL 60197-5233       |  | J          | Deed of Trust 25003 Tidewater Trail Port Royal, VA 22535 Tax Map 12-A-16 1.75 acres Hazelwood Value \$ 295,800.00                    |           | D            | x           | 365,133.55   | 0.00                            |
| Account No.  |  |            | Ioan against retirement  |           |              | П           |  |                                 |
| Thrift Savings Plan<br>P.O. Box 385021<br>Birmingham, AL 35238 |  | J          | Dominion Hourly Savings Plan -<br>Retirement   |           |              |             |  |                                 |
|  |  |            | Value \$ 10,709.00   |           |              |             | 9,176.01   | 0.00                            |
| Account No.  |  |            | Value \$   | _         |              |             |  |                                 |
| Account No.  |  |            |  |           |              | $  \  $     |  |                                 |
|  |  |            | Value \$   |           |              |             |  |                                 |
| O continuation sheets attached Subtotal (Total of this page)   |  |            |  |           |              |             | 374,309.56   | 0.00                            |
|  | Total (Report on Summary of Schedules) 374,309.5 |            |  |           |              |             |  | 0.00                            |

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B6E (Official Form 6E) (4/13)

| In re | Gary Alvin Coghill, | Case No <b>13-32527</b> |
|-------|---------------------|-------------------------|
|       | Sandy Jones Coghill |                         |

Debtors

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

continuation sheets attached

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

| In re | Gary Alvin Coghill, |         | Case No | 13-32527 |
|-------|---------------------|---------|---------|----------|
|       | Sandy Jones Coghill |         |         |          |
|       |                     | Debtors | -,      |          |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** 

| TYPE OF PRIORITY  |                 |                                    |                         |           |                       |          |                    |  |
|---|-----------------|------------------------------------|-------------------------|-----------|-----------------------|----------|--------------------|--|
| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | C O D E B T O R | TWI AND CONSIDER ATION FOR CLAIM I |                         | CONTINGEN | UNLLQULDA             | DISPUTED | AMOUNT<br>OF CLAIM | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY  AMOUNT<br>ENTITLED TO<br>PRIORITY |
| Account No. 2222  |                 |                                    | 2010 - 2012             | 7         | D<br>A<br>T<br>E<br>D |          |                    |  |
| Caroline County Treasurer<br>Elizabeth B. Curran<br>PO Box 431<br>Bowling Green, VA 22427                   |                 | J                                  | Real Estate Taxes       |           |                       | х        | 1,220.18           | 1,220.18   |
| Account No. 2222  |                 |                                    | 2011- 2012              | T         |                       |          | 1,220110           | 1,220110   |
| Caroline County Treasurer<br>Elizabeth B. Curran<br>PO Box 431<br>Bowling Green, VA 22427                   |                 | J                                  | Personal Property Taxes |           |                       | x        |                    | 0.00   |
| Account No.   | +               |                                    |                         | +         |                       |          | 81.00              | 81.00  |
|   |                 |                                    |                         |           |                       |          |                    |  |
| Account No.   |                 |                                    |                         |           |                       |          |                    |  |
| Account No.   |                 |                                    |                         |           |                       |          |                    |  |
| Sheet 1 of 1 continuation sheets attached to Subtotal   |                 |                                    |                         |           |                       |          |                    | 0.00   |
| Schedule of Creditors Holding Unsecured Priority Claims (Total of this page)  Total                         |                 |                                    |                         |           |                       |          | 1,301.18           | 1,301.18<br>0.00   |
|   |                 |                                    |                         |           |                       |          |                    | 1,301.18   |

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B6F (Official Form 6F) (12/07)

| In re | Gary Alvin Coghill, |         | Case No. <u>13-32527</u> |  |
|-------|---------------------|---------|--------------------------|--|
|       | Sandy Jones Coghill |         |                          |  |
| _     |                     | Debtors | -7                       |  |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

|   |                 |                        |   |             |            |       | _               |
|---|-----------------|------------------------|---|-------------|------------|-------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)         | C O D E B T O R | Hu<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN   | UNLLQULDAT | SPUTE | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx0016   |                 |                        | 2007  | Ť           | ΙE         |       |                 |
| Beneficial Finance<br>PO Box 17574<br>Baltimore, MD 21297   |                 | J                      | Purchase Goods  |             | D          | х     | Unknown         |
| Account No. xx442H  |                 |                        | 2007  |             |            |       |                 |
| Cardiology Associates of Fred<br>9530 Cosner Drive<br>Suite 200<br>Fredericksburg, VA 22408               |                 | н                      | Medical bill for mother   |             |            | x     | Unknown         |
| Account No. 10734   |                 |                        |   |             | Г          | T     |                 |
| Dominion Credit Union<br>P.O. Box 26646<br>Richmond, VA 23261   |                 | J                      |   |             |            |       |                 |
|   |                 |                        |   |             |            |       | 28.32           |
| Account No. xx4696  ENT & Plastic Surgery Center 1708 Fall Hill Avenue Suite 100 Fredericksburg, VA 22401 |                 | н                      | 2007<br>Medical bill for mother   |             |            | x     | Unknown         |
|   |                 |                        |   |             |            |       | Ulikilowii      |
| _3 continuation sheets attached   |                 |                        | (Total of t   | Subt<br>his |            |       | 28.32           |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Gary Alvin Coghill, | Case No <b>13-32527</b> |
|-------|---------------------|-------------------------|
|       | Sandy Jones Coghill |                         |

### Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  | <u>ا</u> | шп      | sband, Wife, Joint, or Community  | Tc         | 11          | D      |                 |
|--|----------|---------|---|------------|-------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. xxxxxxxxx0019** | CODEBTOR | H & Y C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | DZL_QU_DAFE | SPUTED | AMOUNT OF CLAIM |
| Account No. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  | 1        |         | Medical Collection  |            | E<br>D      |        |                 |
| Fred. Emergency Med Alliance<br>c/o Fred. Credit Bureau, Inc.<br>10506 Wakeman Drive<br>Fredericksburg, VA 22407               |          | w       |   |            |             | х      | 147.00          |
| Account No. xx6697   | ┪        |         | 2007  | +          |             |        |                 |
| Fredericksburg Anesthesia Assc<br>PO Box 933112<br>Atlanta, GA 31193   |          | Н       | Medical bill for mother   |            |             | x      | 120.00          |
| Account No. xxx20FG  | ┢        |         | 2007  | +          |             |        |                 |
| Fredericksburg Hospitalist Grp<br>PO Box 845<br>Fredericksburg, VA 22404   |          | н       | Medical bill for mother   |            |             | x      | Unknown         |
| Account No.  | H        |         | 12/07   | +          |             |        |                 |
| Jerome Weedon<br>3065 Kenova Drive<br>Richmond, VA 23237   |          | J       | Loan  |            |             | x      | 3,200.00        |
| Account No. xxxxxx7373   | $\vdash$ |         | 2007  | +          |             |        | 2, 22 00        |
| Mary Washington Hospital<br>2300 Fall Hill Avenue<br>#313<br>Fredericksburg, VA 22401  |          | н       | Medical bill for mother   |            |             | x      | Unknown         |
| Sheet no1 _ of _3 _ sheets attached to Schedule of   | -        |         |   | Sub        | ota         | 1      | 2 467 00        |
| Creditors Holding Unsecured Nonpriority Claims   |          |         | (Total of   | this       | pag         | ge)    | 3,467.00        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Gary Alvin Coghill, | Case No <b>13-32527</b> |
|-------|---------------------|-------------------------|
|       | Sandy Jones Coghill |                         |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,  | С               | Hu          | sband, Wife, Joint, or Community  | C             | U          | D      |                 |
|---|-----------------|-------------|---|---------------|------------|--------|-----------------|
| MAILING ADRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. xxx77MP                        | C O D E B T O R | C<br>J<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGENT     | NLIQUIDATE | SPUTED | AMOUNT OF CLAIN |
|   | 1               |             | Medical bill for mother   | L             | D          |        |                 |
| Medi Doctors Primary Care, LLC<br>PO Box 845<br>Fredericksburg, VA 22404  |                 | н           |   |               |            | х      | Unknown         |
| Account No. 7001  | $\vdash$        |             |   | $\frac{1}{1}$ |            |        | Officiowii      |
| Midland Funding LLC<br>P.O. Box 248897<br>Oklahoma City, OK 73124-8897  |                 | J           |   |               |            |        |                 |
|   |                 |             |   |               |            |        | 133.48          |
| Account No. xxxxxxxx4715  Onemain Financial 6801 Colwell Blvd C/S Department Irving, TX 75039                               | _               | J           | 10/07<br>Loan   |               |            | x      | Unknown         |
| Account No. xxxxxxxx0019**  Pathology Associates c/o Fred. Credit Bureau, Inc. 10506 Wakeman Drive Fredericksburg, VA 22407 | -               | w           | 07/09<br>Medical Collections for mother   |               |            | х      |                 |
| Account No. x7281   | ╀               |             | 2007  | +             |            |        | Unknown         |
| Pulmonary Associates of FBurg<br>521 Park Hill Drive<br>Fredericksburg, VA 22401  |                 | н           | Medical bill for mother   |               |            | x      | Unknown         |
| Sheet no. <b>2</b> of <b>3</b> sheets attached to Schedule of   |                 |             |   | Sub           | tota       | 1      |                 |
| Creditors Holding Unsecured Nonpriority Claims  |                 |             | (Total of   |               |            |        | 133.48          |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Gary Alvin Coghill, | Case No | 13-32527 |
|-------|---------------------|---------|----------|
|       | Sandy Jones Coghill |         |          |

### Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  | 1               | 100          | shand Wife Joint or Community   | 1          | Tii              | Ъ             |                 |
|--|-----------------|--------------|---|------------|------------------|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                | C O D E B T O R | Hu<br>H<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | N L I Q          | ΙP            | AMOUNT OF CLAIM |
| Account No. xxxxxxxxx0046  | 4               |              | 2009 Medical Collection for mother  | '          | Ė                |               |                 |
| Radiologic Assoc of Fred LTD<br>c/o Fred. Credit Bureau, Inc.<br>10506 Wakeman Drive<br>Fredericksburg, VA 22407 |                 | н            | medical conection for modifier  |            |                  | х             | Unknown         |
| Account No. xx*xxxxx7373   | ╁               |              | 2007  |            |                  | $\vdash$      |                 |
| Radiologic Assoc of Fredbrg<br>PO Box 7819<br>Fredericksburg, VA 22404-7819                                      |                 | н            | Medical bill for mother   |            |                  | x             |                 |
|  |                 |              |   |            |                  |               | Unknown         |
| Account No. 25001327663  Spotsylvania Regional Medical P.O. Box 740760 Cincinnati, OH 45274-0760                 | _               | J            | 1/13<br>medical bill  |            |                  |               |                 |
| Account No. xxx80XX  | +               |              | 10/07   | -          | L                | -             | 1,004.00        |
| Verizon Virginia 500 Technology Drive Weldon Springs, MO 63304   |                 | J            | Phone Service   |            |                  | x             | 114,00          |
| Account No. xxxxxx3990   | ╀               |              | 886   | +          | -                | -             | 114.00          |
| Verizon Wireless<br>PO Box 26055<br>Minneapolis, MN 55426  |                 | J            | Phone Services  |            |                  | x             | 886.00          |
| Sheet no. <b>_3</b> of <b>_3</b> sheets attached to Schedule of  |                 | <u> </u>     | <u> </u>  | Sub        | <u>l</u><br>tota | <u> </u><br>1 |                 |
| Creditors Holding Unsecured Nonpriority Claims   |                 |              | (Total of   |            |                  |               | 2,004.00        |
|  |                 |              | (Report on Summary of S   |            | Fota             |               | 5,632.80        |

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B6G (Official Form 6G) (12/07)

| In re | Gary Alvin Coghill, | Case No | 13-32527 |
|-------|---------------------|---------|----------|
|       | Sandy Jones Coghill |         |          |

Debtors

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 13-32527-KRH Doc 13 Filed 05/21/13 Entered 05/21/13 21:43:39 Desc Main Document Page 18 of 37

B6H (Official Form 6H) (12/07)

| In re | Gary Alvin Coghill, | Case I | No | 13-32527 |
|-------|---------------------|--------|----|----------|
|       | Sandy Jones Coghill | _      |    |          |

Debtors

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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B6I (Official Form 6I) (12/07)
Gary Alvin Coghill
In re Sandy Jones Coghill

Debtor(s)

#### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:                     | DEPEND  | ENTS OF DEBTOR ANI | O SPOUSE            |         |          |  |  |
|--|---|--------------------|---------------------|---------|----------|--|--|
| Married                                      | RELATIONSHIP(S): Son                                  | · ·                | AGE(S):<br>16 years |         |          |  |  |
| Employment:                                  | DEBTOR  |                    | SPOUSE              |         |          |  |  |
| Occupation                                   | Line Truck Driver Auger                               | OSA Secre          |                     |         |          |  |  |
| Name of Employer                             | Dominion Power  |                    | epartment of Juve   | nile Ju | stice    |  |  |
| How long employed                            | 29 years  | 11 years           |                     |         |          |  |  |
| Address of Employer                          | P.O. Box 26666<br>Richmond, VA 23261                  |                    |                     |         |          |  |  |
| INCOME: (Estimate of averag                  | e or projected monthly income at time case filed)     | •                  | DEBTOR              |         | SPOUSE   |  |  |
| 1. Monthly gross wages, salary,              | , and commissions (Prorate if not paid monthly)       |                    | 5,371.75            | \$      | 2,363.20 |  |  |
| 2. Estimate monthly overtime                 |   | 9                  | 0.00                | \$      | 0.00     |  |  |
| 3. SUBTOTAL                                  |   | [5                 | 5,371.75            | \$      | 2,363.20 |  |  |
| 4. LESS PAYROLL DEDUCT:                      | IONS  | _                  |                     |         |          |  |  |
| <ol> <li>Payroll taxes and social</li> </ol> | l security  | 9                  | 1,127.07            | \$      | 349.78   |  |  |
| b. Insurance                                 |   |                    | 535.47              | \$      | 34.26    |  |  |
| c. Union dues                                |   | 9                  | 73.53               | \$      | 0.00     |  |  |
| d. Other (Specify)                           | See Detailed Income Attachment                        |                    | 309.90              | \$      | 198.10   |  |  |
| 5. SUBTOTAL OF PAYROLL                       | DEDUCTIONS  | 5                  | 2,045.97            | \$      | 582.14   |  |  |
| 6. TOTAL NET MONTHLY T                       | AKE HOME PAY  | 5                  | 3,325.78            | \$      | 1,781.06 |  |  |
| 7. Regular income from operati               | ion of business or profession or farm (Attach detaile | ed statement)      | 0.00                | \$      | 0.00     |  |  |
| 8. Income from real property                 |   |                    | 0.00                | \$      | 0.00     |  |  |
| 9. Interest and dividends                    |   | 9                  | 0.00                | \$      | 0.00     |  |  |
| dependents listed above                      | upport payments payable to the debtor for the debto   | r's use or that of | 0.00                | \$      | 0.00     |  |  |
| 11. Social security or governme (Specify):   | ent assistance  | •                  | 0.00                | ¢       | 0.00     |  |  |
| (Specify).                                   |   | <del></del>        | 0.00                | ф —     | 0.00     |  |  |
| 12. Pension or retirement incom              | ma  | <del></del>        | 0.00                | Ψ —     | 0.00     |  |  |
| 13. Other monthly income                     | iie   |                    | 0.00                | Φ_      | 0.00     |  |  |
| (Specify):                                   |   |                    | 0.00                | \$      | 0.00     |  |  |
| (Specify).                                   |   |                    | 0.00                | \$ _    | 0.00     |  |  |
| 14. SUBTOTAL OF LINES 7                      | THROUGH 13  | 8                  | 0.00                | \$      | 0.00     |  |  |
| 15. AVERAGE MONTHLY IN                       | NCOME (Add amounts shown on lines 6 and 14)           |                    | 3,325.78            | \$      | 1,781.06 |  |  |
| 16 COMBINED AVERAGE N                        | MONTHLY INCOME: (Combine column totals from           | m line 15)         | \$                  | 5,106   | .84      |  |  |
| 10. COMBINED AVERAGE N                       | TOTALLE I TACOME. (COMOTIC COMMIT WAIS ITO            | 11 11110 13)       | Ψ                   | ,       |          |  |  |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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**B6I (Official Form 6I) (12/07)** 

| In re | Gary Alvin Coghill<br>Sandy Jones Coghill | Case No. | 13-32527 |
|-------|---|----------|----------|
|       | Debtor(s)                                 |          |          |

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

### **Detailed Income Attachment**

#### **Other Payroll Deductions:**

| 401(k)                                | \$       | 275.25 | \$<br>0.00   |
|---------------------------------------|----------|--------|--------------|
| EE giving                             | <u> </u> | 10.83  | \$<br>0.00   |
| Veba                                  | \$       | 21.66  | \$<br>0.00   |
| Соре                                  | <u> </u> | 2.16   | \$<br>0.00   |
| Retirement                            | <u> </u> | 0.00   | \$<br>118.10 |
| Deferred Comp                         | \$       | 0.00   | \$<br>80.00  |
| <b>Total Other Payroll Deductions</b> | \$       | 309.90 | \$<br>198.10 |

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B6J (Official Form 6J) (12/07)

In re Gary Alvin Coghill
Sandy Jones Coghill
Debtor(s)
Case No. 13-32527

#### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Cexpenditures labeled "Spouse."                                       | Complete a separate | e schedule of |
|---|---------------------|---------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)   | \$                  | 2,065.69      |
| a. Are real estate taxes included? Yes No _X  |                     | •             |
| b. Is property insurance included? Yes No X   |                     |               |
| 2. Utilities: a. Electricity and heating fuel   | \$                  | 250.00        |
| b. Water and sewer  | \$                  | 0.00          |
| c. Telephone  | \$                  | 160.00        |
| d. Other Cable & Internet   |                     | 100.00        |
| 3. Home maintenance (repairs and upkeep)  | \$                  | 75.00         |
| 4. Food   | \$                  | 550.00        |
| 5. Clothing   | \$                  | 50.00         |
| 6. Laundry and dry cleaning   | \$                  | 20.00         |
| 7. Medical and dental expenses  | \$                  | 100.00        |
| 8. Transportation (not including car payments)  | \$                  | 500.00        |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$                  | 0.00          |
| 10. Charitable contributions  | \$                  | 13.00         |
| 11. Insurance (not deducted from wages or included in home mortgage payments)   | Φ.                  | 07.00         |
| a. Homeowner's or renter's  | \$                  | 87.00         |
| b. Life   | \$                  | 30.00         |
| c. Health   | \$                  | 0.00          |
| d. Auto   | \$                  | 49.26<br>0.00 |
| e. Other  | _                   | 0.00          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)   | Φ.                  | 477.40        |
| (Specify) Real Estate Taxes   | _                   | 177.42        |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  |                     |               |
| a. Auto   | \$                  | 0.00          |
| b. Other  | \$                  | 0.00          |
| c. Other  | \$                  | 0.00          |
| 14. Alimony, maintenance, and support paid to others  | \$                  | 0.00          |
| 15. Payments for support of additional dependents not living at your home   | \$                  | 0.00          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  | \$                  | 0.00          |
| 17. Other School Lunches  | \$                  | 125.00        |
| Other   | _                   | 0.00          |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | and, \$             | 4,352.37      |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the ye following the filing of this document:                              | ear                 |               |
| 20. STATEMENT OF MONTHLY NET INCOME   |                     | E 400 04      |
| a. Average monthly income from Line 15 of Schedule I  | \$                  | 5,106.84      |
| b. Average monthly expenses from Line 18 above  | \$                  | 4,352.37      |
| c. Monthly net income (a. minus b.)   | \$                  | 754.47        |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

#### United States Bankruptcy Court Eastern District of Virginia

| In re | Gary Alvin Coghill<br>Sandy Jones Coghill |           | Case No. | 13-32527 |   |
|-------|---|-----------|----------|----------|---|
|       |   | Debtor(s) | Chapter  | 13       |   |
|       |   |           |          |          | • |

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

|      | I declare under penalty of perjury the   | hat I have rea | ad the foregoing summary and schedules, consisting of _ | 21 |  |
|------|--|----------------|---|----|--|
|      | sheets, and that they are true and correct to the best of my knowledge, information, and belief. |                |   |    |  |
|      |  |                |   |    |  |
|      |  |                |   |    |  |
| Date | May 20, 2013   | Signature      | /s/ Gary Alvin Coghill                                  |    |  |
|      |  | ~-8            | Gary Alvin Coghill                                      |    |  |
|      |  |                | Debtor  |    |  |
|      |  |                |   |    |  |
| Date | May 20, 2013   | Signature      | /s/ Sandy Jones Coghill                                 |    |  |
|      |  | Ü              | Sandy Jones Coghill                                     |    |  |
|      |  |                | Joint Debtor  |    |  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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#### United States Bankruptcy Court Eastern District of Virginia

| In re | Gary Alvin Coghill Sandy Jones Coghill |           | Case No. | 13-32527 |
|-------|--|-----------|----------|----------|
|       |  | Debtor(s) | Chapter  | 13       |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNI      | SOURCE  |
|-------------|---|
| \$17,531.06 | 2013 Year to Date Income - H- Dominion Power        |
| \$8,271.80  | 2013 Year to Date Income - W-Commonwealth of VA DOJ |
| \$51,674.08 | 2012 Income - H                                     |
| \$29,208.40 | 2012 Income - W                                     |
| \$81.598.00 | 2011 Income   |

COLIDOR

AMOUNT

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#### 2. Income other than from employment or operation of business

None 

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**AMOUNT SOURCE** 

\$1,264.00 2011 Federal Income Tax Refund 2011 State Income Tax Refund \$221.00

#### 3. Payments to creditors

#### None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF **PAYMENTS** 

AMOUNT PAID

AMOUNT STILL **OWING** 

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> AMOUNT DATES OF PAID OR PAYMENTS/

NAME AND ADDRESS OF CREDITOR

TRANSFERS

VALUE OF **TRANSFERS** 

AMOUNT STILL OWING

None

All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF **PROCEEDING**  COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

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#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Walter Ragland, P.C. P.O. Box 675 Thornburg, VA 22565 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

Debtors have paid \$1,620.00 attorney fees, \$281.00 filing fee for a chapter 13 bankruptcy, \$126.00 in bankruptcy related costs and \$200.00 for a judgment lien search on real estate.

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

(S) IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE.

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF SITE NAME AND ADDRESS

DATE OF

**ENVIRONMENTAL** 

GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF **GOVERNMENTAL UNIT** 

DATE OF NOTICE

**ENVIRONMENTAL** 

LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

> > **ADDRESS**

**BEGINNING AND** NATURE OF BUSINESS **ENDING DATES** 

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

**ADDRESS** NAME

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

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#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None b I

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

ininediately preceding the commencem

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | May 20, 2013 | Signature | /s/ Gary Alvin Coghill  |  |
|------|--------------|-----------|-------------------------|--|
|      |              |           | Gary Alvin Coghill      |  |
|      |              |           | Debtor                  |  |
| Date | May 20, 2013 | Signature | /s/ Sandy Jones Coghill |  |
|      |              |           | Sandy Jones Coghill     |  |
|      |              |           | Joint Debtor            |  |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B 22C (Official Form 22C) (Chapter 13) (04/13)

| In re  | Gary Alvin Coghill Sandy Jones Coghill | According to the calculations required by this statement:  The applicable commitment period is 3 years. |
|--------|--|---|
| ~      | Debtor(s)                              | ■ The applicable commitment period is 5 years.  |
| Case N | (If known)                             | ■ Disposable income is determined under § 1325(b)(3).   |
|        | (II Kilowii)                           | ☐ Disposable income is not determined under § 1325(b)(3).   |
|        |  | (Check the boxes as directed in Lines 17 and 23 of this statement.)                                     |

#### CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

|   |   | Par   | + T                   | REPORT OF INC   | $^{\circ}$ ON      | ЛЕ.   |     |                |    |          |
|---|---|---|-----------------------|---|--------------------|---|-----|----------------|----|----------|
| 1 |   | tal/filing status. Check the box that applies a Unmarried. Complete only Column A ("Det   | nd c                  | omplete the balance   | e of               | this part of this state                       | men | t as directed. |    |          |
|   | b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.   |   |                       |   |                    |   |     |                |    |          |
|   | All figures must reflect average monthly income received from all sources, derived during the six   |   |                       |   |                    |   |     | Column A       |    | Column B |
|   |   | dar months prior to filing the bankruptcy case  |                       |   |                    |   |     | Debtor's       |    | Spouse's |
|   | the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. |   |                       |   |                    |   |     | Income         |    | Income   |
| 2 | Gross wages, salary, tips, bonuses, overtime, commissions.  |   |                       |   |                    |   | \$  | 4,022.46       | \$ | 2,504.86 |
| 3 | enter<br>profes<br>numb   | the difference in the appropriate column(s) of a ssion or farm, enter aggregate numbers and prer less than zero. Do not include any part of uction in Part IV.  | Lin<br>ovi            | e 3. If you operate<br>de details on an atta                    | mor<br>achn        | re than one business,<br>nent. Do not enter a |     |                |    |          |
|   |   |   |                       | Debtor  |                    | Spouse  |     |                |    |          |
|   | a.  | Gross receipts  | \$                    | 0.00  |                    | 0.00  |     |                |    |          |
|   | b.<br>c.  | Ordinary and necessary business expenses Business income  | \$                    | <b>0.00</b> btract Line b from                                  |                    | 0.00  | \$  | 0.00           | d. | 0.00     |
| 4 |   | propriate column(s) of Line 4. Do not enter of the operating expenses entered on Line b   |                       | a deduction in Par  |                    | •   |     |                |    |          |
| 4 |   |   |                       | Debtor  |                    | Spouse  |     |                |    |          |
|   | a.  | Gross receipts Ordinary and necessary operating expenses  | \$<br>\$              | 0.00<br>0.00  | \$                 | 0.00  |     |                |    |          |
|   | b.<br>c.  | Rent and other real property income   | _                     | ibtract Line b from   |                    |   | \$  | 0.00           | \$ | 0.00     |
| 5 |   | est, dividends, and royalties.  | 12.                   | Total Carrier   |                    | <u> </u>                                      | \$  | 0.00           | H  | 0.00     |
| 6 | Pensi   | on and retirement income.   |                       |   |                    |   | \$  | 0.00           | \$ | 0.00     |
| 7 | exper<br>purpo<br>debto   | mounts paid by another person or entity, on the debtor or the debtor's dependent on the debtor's | ts, ir<br>tena<br>por | ncluding child sup<br>ance payments or a<br>ted in only one col | <b>port</b><br>mou | t <b>paid for that</b> In the paid by the     | \$  | 0.00           | \$ | 0.00     |
| 8 | Unem<br>Howe<br>benefi<br>or B,   | <b>polyment compensation.</b> Enter the amount inver, if you contend that unemployment compute under the Social Security Act, do not list the but instead state the amount in the space below   | n th<br>ensa<br>e an  | e appropriate columniation received by year                     | ou o               | r your spouse was a                           |     |                |    |          |
|   |   | nployment compensation claimed to benefit under the Social Security Act Debtor  | r \$                  | <b>0.00</b> Sp  | ouse               | \$ 0.00                                       | \$  | 0.00           | \$ | 0.00     |

| 9  | Income from all other sources. Specify source and on a separate page. Total and enter on Line 9. Do not maintenance payments paid by your spouse, but in separate maintenance. Do not include any benefits payments received as a victim of a war crime, crime a international or domestic terrorism.   | ot include alimony on<br>clude all other pay<br>received under the S  | or separate<br>ments of alimony<br>Social Security Ad   | or or  |   |  |     |           |
|----|---|---|---|--|---|--|-----|-----------|
|    |   | Debtor  | Spouse  |  |   |  |     |           |
|    | a. \$   b.   \$   |   | \$<br>\$  |  | \$  | 0.00                                     |     | 0.00      |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if Co  |   | T   | rough 9  | J)  | 0.00                                     | y p | 0.00      |
| 10 | in Column B. Enter the total(s).  |   | ·   |  | \$  | 4,022.46                                 | \$  | 2,504.86  |
| 11 | <b>Total.</b> If Column B has been completed, add Line 10 the total. If Column B has not been completed, enter  |   |   |  | \$  |  |     | 6,527.32  |
|    | Part II. CALCULATION  | OF § 1325(b)(4)   | COMMITM   | ENT P  | ERIO  | )  |     |           |
| 12 | Enter the amount from Line 11   |   |   |  |   | 9  | 5   | 6,527.32  |
| 13 | Marital Adjustment. If you are married, but are not calculation of the commitment period under § 1325(benter on Line 13 the amount of the income listed in Lethe household expenses of you or your dependents are income (such as payment of the spouse's tax liability debtor's dependents) and the amount of income devot on a separate page. If the conditions for entering this a.  b. c. | b)(4) does not requir<br>ine 10, Column B that specify, in the line<br>or the spouse's supp<br>ted to each purpose.           | e inclusion of the<br>nat was NOT paid<br>es below, the basis<br>ort of persons oth<br>If necessary, list | income of<br>on a reg<br>s for excl<br>er than the   | of your spular basic<br>luding the<br>he debtor | oouse,<br>s for<br>is<br>or the<br>ments |     |           |
|    | Total and enter on Line 13  |   |   |  |   | 9  | \$  | 0.00      |
| 14 | Subtract Line 13 from Line 12 and enter the result  | t   |   |  |   | 5  | \$  | 6,527.32  |
| 15 | Annualized current monthly income for § 1325(b)(enter the result.   | (4). Multiply the am  | nount from Line 14  | 4 by the   | number 1  |  | 5   | 78,327.84 |
| 16 | <b>Applicable median family income.</b> Enter the median information is available by family size at <a href="www.usdoj.">www.usdoj.</a>   |   |   |  |   | (This                                    |     |           |
|    | a. Enter debtor's state of residence:   | b. Enter deb  | tor's household siz   | ze:  | 3   |  | \$  | 77,585.00 |
| 17 | Application of § 1325(b)(4). Check the applicable be  ☐ The amount on Line 15 is less than the amount top of page 1 of this statement and continue with  ☐ The amount on Line 15 is not less than the amount at the top of page 1 of this statement and continue.   | on Line 16. Check this statement. unt on Line 16. Ch  | the box for "The a  |  |   |  |     | -         |
|    | Part III. APPLICATION OF § 132  | 5(b)(3) FOR DETE  | RMINING DISF  | POSABL   | E INCO  | ME                                       |     |           |
| 18 | Enter the amount from Line 11.  |   |   |  |   | 9  | \$  | 6,527.32  |
| 19 | Marital Adjustment. If you are married, but are not any income listed in Line 10, Column B that was NO debtor or the debtor's dependents. Specify in the lines payment of the spouse's tax liability or the spouse's standependents) and the amount of income devoted to ease parate page. If the conditions for entering this adjusta.    A  | or paid on a regular of paid on a regular of below the basis for apport of persons of the purpose. If necessions are purpose. | basis for the house<br>excluding the Co<br>her than the debto<br>sary, list additiona                     | ehold expolumn B in the contract or the contra | penses of<br>income(s<br>lebtor's               | the<br>uch as                            |     |           |
|    | Total and enter on Line 19.   |   |   |  |   |  | \$  | 0.00      |
| 20 | Current monthly income for § 1325(b)(3). Subtract   | Line 19 from Line   | 18 and enter the re   | esult.   |   |  | 5   | 6,527.32  |

| 21   |  | alized current monthly inc<br>he result.   | ome for § 1325(b)(3). N  | Multip  | ply the a  | mount from Line 2  | 0 by the number  | 12 and   | \$      | 78,327.84        |
|------|--|--|--|---|--|--|--|--|---------|------------------|
| 22   | Applic   | cable median family incom  | e. Enter the amount from   | m Lin   | ne 16.   |  |  |  | \$      | 77,585.00        |
| 23   | ■ The 132  | e amount on Line 21 is mo<br>25(b)(3)" at the top of page<br>amount on Line 21 is not<br>25(b)(3)" at the top of page  | re than the amount on<br>1 of this statement and<br>2 more than the amount   | Line<br>comp  | 22. Cholete the Line 22.   | eck the box for "Deremaining parts of Check the box for  | this statement.  "Disposable inco  | ome is no  | t deter | mined under §    |
|      | 132  |  | ALCULATION (   |   |  |  |  |  | ,       | v, or vi.        |
|      |  |  | eductions under Star   |   |  |  |  |  |         |                  |
| 24A  | Enter i<br>applica<br>bankru   | nal Standards: food, appar<br>in Line 24A the "Total" ame<br>able number of persons. (T<br>aptcy court.) The applicable<br>ar federal income tax return.   | ount from IRS National<br>his information is availa<br>number of persons is the  | Standable at number 1   | lards for<br>t <u>www.u</u><br>nber tha  | Allowable Living sdoj.gov/ust/ or from twould currently be the state of the state o | Expenses for the om the clerk of the allowed as exe  | ie   | \$      | 1,234.00         |
| 24B  | Out-of<br>Out-of<br>www.u<br>who ar<br>older.<br>be allo<br>you su   | F-Pocket Health Care for per E-Pocket Health Care for per asdoj.gov/ust/ or from the care under 65 years of age, an (The applicable number of the per as exemptions on your poort.) Multiply Line a2 by Line 11.   | rsons under 65 years of age or lerk of the bankruptcy c d enter in Line b2 the appersons in each age cate federal income tax returns to bt to obtain a total content of the bankrupter.  | age, a<br>older<br>ourt.)<br>oplica<br>gory i<br>rn, pl                           | and in Li<br>c. (This in<br>Enter in<br>ble numble is the numble is<br>us the numble is the numble is  | ne a2 the IRS Nati<br>nformation is avail<br>a Line b1 the appli-<br>ber of persons who<br>amber in that categ<br>umber of any addit<br>persons under 65,  | onal Standards for<br>able at<br>cable number of potential of the<br>potential of the control of the<br>control of the control of the<br>control of the control of the control of the<br>control of the control of the cont | persons<br>age or<br>arrently<br>whom<br>alt in  |         |                  |
| _,_  |  | d Lines c1 and c2 to obtain  |  |   |  |  | nd enter the result<br>24B.  | t in Line  |         |                  |
| 2.5  | c2. Ad   |  |  | ınt, aı   | nd enter   |  | 24B.   | t in Line  |         |                  |
| 2.12 | c2. Ad   | ld Lines c1 and c2 to obtain   |  | ent, ar   | nd enter   | the result in Line   | 24B.   | t in Line  |         |                  |
| 5    | c2. Ad Perso   | d Lines c1 and c2 to obtain ons under 65 years of age  | a total health care amou   | Pers  | Alloward Number  | years of age or old<br>ance per person<br>er of persons  | 24B.   |  |         |                  |
| 5    | c2. Ad Perso a1.   | d Lines c1 and c2 to obtain ons under 65 years of age Allowance per person   | a total health care amou   | Pers a2. b2.  | ons 65   | years of age or old<br>ance per person<br>er of persons  | 24B.   | 144  | \$      | 180.00           |
| 25A  | c2. Ad  Perso a1. b1. c1.  Local Utilities availabt the nur any ad   | d Lines c1 and c2 to obtain ons under 65 years of age Allowance per person Number of persons Subtotal Standards: housing and uses Standards; non-mortgage ole at www.usdoj.gov/ust/omber that would currently be ditional dependents whom  | a total health care amou  60  3  180.00  tilities; non-mortgage of expenses for the applicar from the clerk of the been allowed as exemption you support.  | Pers a2. b2. c2. expen able coankrus on y   | Alloward Subtot  | the result in Line 2 years of age or old ance per person er of persons al er the amount of the old family size. (The ord family size income tax retering the size of the size  | ne IRS Housing a his information is e family size consum, plus the num   | 144<br>0<br>0.00<br>nd<br>sists of   | \$      | 180.00<br>540.00 |
|      | c2. Ad  Perso a1. b1. c1.  Local Utilities availabe the nurany ad Local Housing availabe the nurany ad debts s               | Allowance per person Number of persons Subtotal  Standards: housing and uses Standards; non-mortgage ole at www.usdoj.gov/ust/omber that would currently be  | a total health care amount of the search of the beallowed as exemption you support.  tilities; mortgage/rent expense for from the clerk of the beallowed as exemption you support.  tilities; mortgage/rent expense for from the clerk of the beallowed as exemption you support); enter on Lated in Line 47; subtractions and the search of the s | b2. c2. c2. expenable coankrus s on y   | Alloward Subtot  Subto | the result in Line 2 years of age or old ance per person er of persons al er the amount of the dramily size. (The cral income tax rete er, in Line a below y and family size (the cral income tax rete er, in Line a below y and family size (the cral income tax rete l of the Average M  | ne IRS Housing a his information is e family size consum, plus the numer, the amount of this information i family size consum, plus the numer on the payments.   | 144 0 0.00  nd sists of the IRS sists of the of the interior o |         |                  |
| 25A  | c2. Ad  Perso a1. b1. c1.  Local Utilities availabe the nurra availabe the nurra availabe the nurra any ad debts sonot en a. | Allowance per person Number of persons Subtotal  Standards: housing and uses Standards; non-mortgage of the tww.usdoj.gov/ust/omber that would currently be ditional dependents whom a grand Utilities Standards; non-mortgage of the tww.usdoj.gov/ust/omber that would currently be ditional dependents whom a grand Utilities Standards; non-mortgage of the tww.usdoj.gov/ust/omber that would currently be ditional dependents whom secured by your home, as stater an amount less than zero.  IRS Housing and Utilities  | a total health care amount of the seal lowed as exemption you support.  tilities; mortgage/rent expense for from the clerk of the beallowed as exemption you support.  tilities; mortgage/rent expense for from the clerk of the beallowed as exemption you support); enter on Lated in Line 47; subtractoro.  Standards; mortgage/ren   | Pers a2. b2. c2. expen able c ankru s on y exper or you ankru s on y t Line t exp | Alloward Subtot  Subto | the result in Line 2 years of age or old ance per person er of persons al er the amount of the dramily size. (The cral income tax rete er, in Line a below y and family size (the cral income tax rete er, in Line a below y and family size (the cral income tax rete l of the Average M  | ne IRS Housing a nis information is a family size consum, plus the number, the amount of this information i family size consum, plus the number of the information in family size consum, plus the number of the information in family Payments are result in Line 2   | 144 0 0.00  nd sists of the IRS sists of the of the interior o |         |                  |
| 25A  | c2. Ad  Perso a1. b1. c1.  Local Utilitie availab the nur any ad Local Housin availab the nur any ad debts s not en a. b.    | Allowance per person Number of persons Subtotal  Standards: housing and uses Standards; non-mortgage of the at www.usdoj.gov/ust/omber that would currently be ditional dependents whom secured by your home, as ster an amount less than zet IRS Housing and Utilities Average Monthly Payment home, if any, as stated in L   | a total health care amount of the second of  | Pers a2. b2. c2. expen able c ankru s on y exper or you ankru s on y t Line t exp | Alloward Subtot  Subto | the result in Line 2 years of age or old ance per person er of persons al er the amount of the diamily size. (The context of the context of t | ne IRS Housing a nis information is e family size consum, plus the number, the amount of this information i family size consum, plus the number on the payments on the payments of the payment                   | nd sists of the IRS sists of for any 15B. Do   | \$      | 540.00           |
| 25A  | c2. Ad  Perso a1. b1. c1.  Local Utilitie availab the nur any ad debts s not en a. b. c.                                     | Allowance per person Number of persons Subtotal  Standards: housing and uses Standards; non-mortgages of the two ways of the t | a total health care amounts  60  3  180.00  tilities; non-mortgage of expenses for the applicate of the applicate of the applicate of the seallowed as exemption and you support.  tilities; mortgage/rent expense for from the clerk of the best allowed as exemption you support); enter on Lated in Line 47; subtractions  Standards; mortgage/rent for any debts secured best and the seallowed as exemption you support); enter on Lated in Line 47; subtractions   | b2. c2. expen able coankrus s on y vinne b t Line texpenty you                    | Alloward Alloward Subtot  Subt | the result in Line 2 years of age or old ance per person er of persons al er the amount of the dramily size. (The applicable eral income tax rete er, in Line a below y and family size (ourt) (the applicable eral income tax rete l of the Average M Line a and enter the \$ Subtract Line b fr  | ne IRS Housing and an is information is the family size consumer, plus the number, the amount of this information in family size consumer, plus the number on the payments the result in Line 2 to the family size consumers are result in Line 2 to t                   | nd sists of the IRS sists of the of for any 15B. Do 335.00 ,065.69   |         |                  |
| 25A  | c2. Ad  Perso a1. b1. c1.  Local Utilitie availab the nur any ad debts s not en a. b. c.  Local Standa                       | Allowance per person Number of persons Subtotal  Standards: housing and uses Standards; non-mortgage of the at www.usdoj.gov/ust/omber that would currently be ditional dependents whom secured by your home, as ster an amount less than zet IRS Housing and Utilities Average Monthly Payment home, if any, as stated in L   | a total health care amounts  60  3  180.00  tilities; non-mortgage of expenses for the applicar from the clerk of the beallowed as exemption you support.  tilities; mortgage/rent expense for from the clerk of the beallowed as exemption you support); enter on Lated in Line 47; subtractions  Standards; mortgage/rent for any debts secured beallowed as exemption you support); enter on Lated in Line 47; subtractions  Standards; mortgage/rent for any debts secured bean expenses for the allowance to which  | b2. c2. c2. expen able coankrus s on y vine b t Line texpoyou a you cyou a        | Allows Number Subtot   | the result in Line 2  years of age or old ance per person er of persons al er the amount of the damily size. (The applicable eral income tax returns). The applicable eral income tax returns (the applicable eral income tax returns) (the applicable eral income tax returns) (the applicable eral income tax returns) (the Average Manda and enter the substract Line b from that the process set ed under the IRS F  | the amount of this information is family size consum, plus the number of the size of the s                   | nd one is ists of ober of for any of the is  | \$      | 540.00           |

|          | Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.   |  | an   |       |                            |
|----------|--|--|--|-------|----------------------------|
|          | Check the number of vehicles for which you pay the operating expens  | ses or for which the operating expens  | es are   |       |                            |
| 27A      | included as a contribution to your household expenses in Line 7. $\square$ 0   | $\blacksquare$ 1 $\blacksquare$ 2 or more.   |  |       |                            |
|          | If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>   | "Operating Costs" amount from IRS applicable Metropolitan Statistical  | Area or  | \$    | 244.00                     |
| 27B      | Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at <a href="www.usdoj.gr">www.usdoj.gr</a> court.)   | you are entitled to an additional dedicansportation" amount from the IRS I   | uction for<br>Local  | \$    | 0.00                       |
|          | Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner ownership/lease)  |  |  |       |                            |
| 28       | vehicles.) ■ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. <b>Do not enter an amount less than zero.</b>  | court); enter in Line b the total of the   | Average  |       |                            |
|          | a. IRS Transportation Standards, Ownership Costs   | \$   | 517.00   |       |                            |
|          | b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47  | \$   | 0.00   |       |                            |
|          | c. Net ownership/lease expense for Vehicle 1   | Subtract Line b from Line a.   |  | \$    | 517.00                     |
|          | the "2 or more" Box in Line 28.  | e 2. Complete this Line only if you ch   | iccked   |       |                            |
| 29       | the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a "www.usdoj.gov="" <="" a="" href="www.usdoj.gov/ust/" ust="" www.usdoj.gov=""> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. <b>Do not enter an amount less than zero.</b>  [a.] IRS Transportation Standards, Ownership Costs</a>   | e IRS Local Standards: Transportatio court); enter in Line b the total of the  | n<br>e Average   |       |                            |
| 29       | the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a "www.usdoj.gov="" <="" a="" href="www.usdoj.gov/ust/" ust="" www.usdoj.gov=""> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 29. <b>Do not enter an amount less than zero.</b>  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</a>  | e IRS Local Standards: Transportatio court); enter in Line b the total of the ne 47; subtract Line b from Line a ar  | n<br>Average<br>ad enter   |       |                            |
| 29       | the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Li the result in Line 29. <b>Do not enter an amount less than zero.</b> a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle   | e IRS Local Standards: Transportatio court); enter in Line b the total of the ne 47; subtract Line b from Line a ar  | n e Average nd enter   | \$    | 0.00                       |
| 29       | the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a "www.usdoj.gov="" <="" a="" href="www.usdoj.gov/ust/" ust="" www.usdoj.gov=""> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 29. <b>Do not enter an amount less than zero.</b>  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</a>  | Part of the series of the seri | n Average and enter 0.00 0.00 federal,   | \$    | 0.00<br>1,476.85           |
|          | the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lit the result in Line 29. <b>Do not enter an amount less than zero.</b> a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47  c. Net ownership/lease expense for Vehicle 2  Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in   | se IRS Local Standards: Transportation court); enter in Line b the total of the ne 47; subtract Line b from Line a arm subtract Line b from Line a.  Subtract Line b from Line a.  Expense that you actually incur for all come taxes, self employment taxes, see taxes.  Int. Enter the total average monthly retirement contributions, union dues  | n Average ad enter  0.00  0.00  federal, ocial   |       |                            |
| 30       | the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 29. <b>Do not enter an amount less than zero.</b> a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47  c. Net ownership/lease expense for Vehicle 2  Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory   | \$\\ \text{Subtract Line b from Line a ar} \\ \text{Subtract Line b from Line a ar} \\ \text{Subtract Line b from Line a.} \\ \text{Subtract Line b from Line a.} \\ \text{Subtract Line b from Line a.} \\ \text{xpense that you actually incur for all come taxes, self employment taxes, set taxes.} \\ \text{nt. Enter the total average monthly retirement contributions, union dues ntary 401(k) contributions.} \\ thly premiums that you actually pay actually       | n Average and enter  0.00 0.00 federal, ocial s, and   | \$    | 1,476.85                   |
| 30       | the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 29. <b>Do not enter an amount less than zero.</b> a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47  c. Net ownership/lease expense for Vehicle 2  Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. <b>Do not include real estate or sale</b> Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. <b>Do not include discretionary amounts, such as volu</b> Other Necessary Expenses: life insurance. Enter total average monthly in the insurance for yourself. <b>Do not include premiums for insurance</b>   | se IRS Local Standards: Transportation court); enter in Line be the total of the ne 47; subtract Line be from Line a arm subtract Line be from Line a.  Subtract Line be from Line a.  Expense that you actually incur for all come taxes, self employment taxes, sees taxes.  Int. Enter the total average monthly retirement contributions, union dues intary 401(k) contributions.  Inthly premiums that you actually pay to no your dependents, for whole life all monthly amount that you are required.   | n Average and enter  0.00  0.00  federal, ocial  for term or for   | \$    | 1,476.85<br>67.88          |
| 30 31 32 | the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lit the result in Line 29. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47  c. Net ownership/lease expense for Vehicle 2  Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu  Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as | se IRS Local Standards: Transportation court); enter in Line b the total of the ne 47; subtract Line b from Line a arm subtract Line b from Line a arm subtract Line b from Line a.  Subtract Line b from Line a.  Expense that you actually incur for all come taxes, self employment taxes, set taxes.  Int. Enter the total average monthly retirement contributions, union dues ntary 401(k) contributions.  Inthe premiums that you actually pay on your dependents, for whole life all monthly amount that you are requision spousal or child support payments. It is a condition of employment.   | on Average and enter  O.00  O.00  federal, ocial  s, and  for term or for  ired to  Do not  d. Enter t and for | \$ \$ | 1,476.85<br>67.88<br>28.60 |

| Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monothly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse of ependents.  a. Health Insurance S. 361.85 b. Disability Insurance S. 3.28 c. Health Savings Account S. 0.00  Total and enter on Line 39  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  42  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. Vou must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  43  44  45  65  64  64  64  64  64  64  64   | 36 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. | \$<br>0.00     |
|---|----|--|----------------|
| Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37    Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.   a.   Health Insurance   \$ 361.85   | 37 | actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and  | \$<br>160.00   |
| Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines are below that are reasonably necessary for yourself, your spouse, or your dependents.    A   | 38 | <b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.   | \$<br>4,448.33 |
| the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance   |    |  |                |
| b. Disability Insurance \$ 3.28 c. Health Savings Account \$ 0.00  Total and enter on Line 39  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  42  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed 58 of 52.52 per child, for attendance at a private or public elementary or secondary school by your dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed 58 of 56.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing e |    | the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your   |                |
| C.   Health Savings Account   S   0.00     Total and enter on Line 39   S   365.1     If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:   S   | 39 | a. Health Insurance \$ 361.85  |                |
| Total and enter on Line 39  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  S  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$150.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed \$5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the cle  |    | b. Disability Insurance \$ 3.28  |                |
| If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  S  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Solution and Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  43  Charitable contributions. Enter the amount reasonably nec   |    | -  |                |
| Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter   |    | Total and enter on Line 39   | \$<br>365.13   |
| Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed \$% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amou  |    |  |                |
| expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or fin   |    |  |                |
| actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.   | 40 | expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such   | \$<br>0.00     |
| Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount \$ 0.0  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.  \$ 13.0   | 41 | actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other  | \$<br>0.00     |
| actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.  \$ 13.0  | 42 | Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount   | \$<br>0.00     |
| expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.  \$ 13.0  | 43 | actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and  | \$<br>0.00     |
| contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly income.</b> \$ 13.0  | 44 | expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is  | \$<br>43.00    |
|   | 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §   | 13.00          |
| 40   <b>10tal Additional Expense Deductions under 9 707(b).</b> Enter the total of Lines 39 infoligh 43.  | 46 |  | \$<br>421.13   |

|    |  | Subpart C: Deductions for De  | bt Pa                      | yment  |  |     |          |
|----|--|---|----------------------------|--|--|-----|----------|
| 47 | own, list the name of creditor, ident<br>check whether the payment include<br>scheduled as contractually due to ea                                   | ns. For each of your debts that is secured tify the property securing the debt, state the staxes or insurance. The Average Month ach Secured Creditor in the 60 months for ist additional entries on a separate page. | he Ave<br>ly Pay<br>llowin | erage Monthly<br>ment is the to<br>g the filing of | Payment, and tal of all amounts the bankruptcy |     |          |
|    | Name of Creditor   | Property Securing the Debt  | N                          | Average<br>Monthly<br>Payment                      | Does payment include taxes or insurance        |     |          |
|    | a. Beneficial  | 25003 Tidewater Trail<br>Port Royal, VA 22535<br>Tax Map 12-A-16  |                            |  | ■yes □no                                       |     |          |
|    | b. Thrift Savings Plan   | 1.75 acres Hazelwood  Dominion Hourly Savings Plan - Retirement   | \$                         |  | □yes □no                                       |     |          |
|    |  |   | Tota                       | al: Add Lines                                      |  | \$  | 2,218.62 |
| 48 | your deduction 1/60th of any amous payments listed in Line 47, in order sums in default that must be paid in the following chart. If necessary, list | cessary for your support or the support of nt (the "cure amount") that you must pay to maintain possession of the property. To order to avoid repossession or foreclosust additional entries on a separate page.      | the cre                    | editor in addit<br>re amount wo<br>t and total any | tion to the uld include any y such amounts in  |     |          |
|    | a. Beneficial  | Property Securing the Debt  25003 Tidewater Trail Port Royal, VA 22535 Tax Map 12-A-16 1.75 acres Hazelwood   | \$                         |  | the Cure Amount 666.67                         |     |          |
|    |  |   |                            |  | Total: Add Lines                               | \$  | 666.67   |
| 49 |  | claims. Enter the total amount, divided bony claims, for which you were liable at tuch as those set out in Line 33.   |                            |  |  | \$  | 21.69    |
|    | Chapter 13 administrative expense resulting administrative expense.  | ses. Multiply the amount in Line a by the   | amour                      | nt in Line b, a                                    | nd enter the                                   |     |          |
| 50 | issued by the Executive Off  | Chapter 13 plan payment. district as determined under schedules fice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of  | \$<br>x                    |  | 755.00<br>5.00                                 |     |          |
|    |  | cative expense of chapter 13 case   |                            | l: Multiply Li                                     |  | \$  | 37.75    |
| 51 |  | <b>nt.</b> Enter the total of Lines 47 through 50   |                            | •  |  | \$  | 2,944.73 |
|    | <u>,                                      </u>   | Subpart D: Total Deductions for   |                            |  |  | 1 - |          |
| 52 | Total of all deductions from incom   | ne. Enter the total of Lines 38, 46, and 5  | 1.                         |  |  | \$  | 7,814.19 |
|    | Part V. DETERM   | INATION OF DISPOSABLE I   | NCO                        | ME UNDI  | ER § 1325(b)(2)                                | )   |          |
| 53 | Total current monthly income. En   | nter the amount from Line 20.   |                            |  |  | \$  | 6,527.32 |
| 54 |  | y average of any child support payments,<br>corted in Part I, that you received in accor-<br>sary to be expended for such child.  |                            |  |  | \$  | 0.00     |
| 55 | wages as contributions for qualified   | Enter the monthly total of (a) all amount laretirement plans, as specified in § 541(b)  |                            |  |  | ¢   | 393.35   |
|    | loans from retirement plans, as spec   | cified in § 362(b)(19).   |                            |  |  | \$  | 000.00   |

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B 22C (Official Form 22C) (Chapter 13) (04/13)

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|    | there<br>If ne<br><b>prov</b> | is no reasonable alternative, describe the special circumstances. If there are special circumstances, list additional entries on a separate page. Total ide your case trustee with documentation of these exespecial circumstances that make such expense necessary. | mstances and the resulting expenses in lines<br>the expenses and enter the total in Line 57<br>expenses and you must provide a detailed expenses. | a-c below. You must     |              |
|----|-------------------------------|--|---|-------------------------|--------------|
| 57 |                               | Nature of special circumstances  | Amount of Expense   |                         |              |
|    | a.                            |  | \$  |                         |              |
|    | b.                            |  | \$  |                         |              |
|    | c.                            |  | \$  |                         |              |
|    | <u> </u>                      |  | Total: Add Lines  | \$                      | 0.00         |
| 58 | Tota<br>resul                 | l adjustments to determine disposable income. Add t.   | the amounts on Lines 54, 55, 56, and 57 an  | d enter the             | 8,207.54     |
| 59 | Mon                           | thly Disposable Income Under § 1325(b)(2). Subtract  | et Line 58 from Line 53 and enter the result.   | \$                      | -1,680.22    |
|    |                               | Dowt VI ADDITIO  | NAL EXPENSE CLAIMS  |                         |              |
| 60 |                               | Expense Description  | Mont  | hly Amount              |              |
|    | a.<br>b.<br>c.<br>d.          | Total: Add I   | \$ \$ \$ \$ \$ \$ ines a b c and d  |                         |              |
|    | b.<br>c.                      |  | \$ \$ \$ sines a, b, c and d \$   |                         |              |
|    | b.<br>c.                      |  | \$<br>\$<br>\$  |                         |              |
| 61 | b.<br>c.<br>d.                |  | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | f this is a joint case, | both debtors |